



CS 1/30
HAWAII STATE ETHICS COMMISSION
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)		(First)	(Middle)	TELEPHONE
Ashman		Janet		487-5561
MAILING ADDRESS (Street)				FAX
99-193 Aiea Heights Drive, Suite 300				486-5020
(City)		(State)	(Zip Code)	
Aiea		HI	96701	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)				TELEPHONE
MAILING ADDRESS (Street)				FAX
(City)		(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Hawaii Agriculture Research Center			487-5561
MAILING ADDRESS (Street)			FAX
99-193 Aiea Heights Drive, Suite 300			486-5020
(City)		(State)	(Zip Code)
Aiea		HI	96701
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Sjstephanie A. Whalen			487-5561
MAILING ADDRESS (Street)			FAX
Same as above			
(City)		(State)	(Zip Code)
Same as above			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input checked="" type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input checked="" type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input checked="" type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input checked="" type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	_____

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u>Janet Ashman</u> (Signature of Lobbyist)	<u>1/26/07</u> (Date)

PART V AUTHORIZATION TO LOBBY		
NAME Stephanie A. Whalen		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President and Director, Experiment Station
NAME OF ORGANIZATION (if applicable) Hawaii Agriculture Research Center		TELEPHONE 487-5561
MAILING ADDRESS (Street) 99-193 Aiea Heights Drive, Suite 300		FAX
(City) Aiea	(State) HI	(Zip Code) 96701
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		
<u>Stephanie A. Whalen</u> (Signature of Authorizing Officer or Person Represented)		<u>1/26/07</u> (Date)